

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750032

1. Entity Name

LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90026 023 ****61.25

Principal Place of Business 50 S YONGE ST ORMOND BCH FL 32174 US	Mailing Address 50 S YONGE ST ORMOND BCH FL 32174-6289 US
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2. Principal Place of Business 1501 Pine Ave. Suite, Apt. #, etc.	3. Mailing Address 1501 Pine Ave. Suite, Apt. #, etc.
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City & State Holly Hill, FL	City & State Holly Hill, FL	4. FEI Number 59-2777037	Applied For <input type="checkbox"/> Not Applicable
Zip 32117	Country USA	Zip 32117	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PAGE ONE REALTY 50 S YONGE ST 1 ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name Halifax Management Street Address (P.O. Box Number is Not Acceptable) 1501 Pine Ave. City Ormond Beach FL Zip Code 32117	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Judith M. Buckley (NOTE: Registered Agent signature required when reinstating) DATE 2/16/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, THOMAS 2424 ENTERPRISE ROAD, STE G CLEARWATER FL 34623 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUNDER, JOHN 17 ARBOR LAKES PARK ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTSON, BILL 28 RIO PINAR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Steve Puckett 15 Glen Arbor Park Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVERS, MARILYN 513 LAKEBRIDGE DR. ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Frank Reda 531 Lakebridge Dr. Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, IRIS 511 LAKEBRIDGE DR. ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Joe Palermo 527 Lakebridge Drive Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Grunder SIGNATURE REQUIRED JOHN C. GRUNDER DATE 2/16/00 DAYTIME PHONE # (904) 677-8390

CR2E037 (9/99)